

**SAMPLE CONTROL FORM & CHAIN OF CUSTODY**
**SCF -**
☐ TABLET - Sample information entered on Tablet

Sampling Information (to be filled out by the Field Team)			
Field Team:		Collector's Name:	Home Org:
Longitude:		Location Description:	
Latitude:			
Collection Date:	Collection Time (24hr):	Area Exposure Rate:	Contact Dose Rate:
Collection Comments:			

Sample Type (use only once)	Air			
	Sampler ID #		Type:	Filter size & Type: <input type="checkbox"/> Paper <input type="checkbox"/> Cartridge <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> Other
	Date/Time ON:		Date/Time OFF:	Total Volume: units:
	Start Flow Rate units		Stop Flow Rate units	
	Additional Air Filter, Provide Sample #			
	OR			
Milk	<input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other:		<input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other:	
	Milking Date:		Milking Time:	Number of Animals
Soil	Depth of soil sample: cm		Vegetation collected with soil sample? <input type="checkbox"/> If "YES" check box if "NO" leave blank	
	Sample surface area: cm <sup>2</sup>		If vegetation in separate container, provide sample #:	
Water	<input type="checkbox"/> Surface <input type="checkbox"/> Ground / Well <input type="checkbox"/> Potable / Tap <input type="checkbox"/> Other:			
Other	<input type="checkbox"/> Food <input type="checkbox"/> Feed <input type="checkbox"/> Instrument <input type="checkbox"/> Swipe <input type="checkbox"/> Other:		Description:	
	Sample Area (cm): L W H			

Sample Receiving (to be filled out by sample control & hotline technician)	
Processing Priority:	<input type="checkbox"/> Urgent <input type="checkbox"/> Duplicate <input type="checkbox"/> Split <input type="checkbox"/> Composite <input type="checkbox"/> Blank
Receipt Contact Dose Rate uR/hr:	<input type="checkbox"/> Contamination Check: Forms and sample bags surveyed. Weight of Sample gram
Analysis Requested:	
Remarks/Special Instructions	

Custody Transfer (Signatures)			
Relinquished By:	Date/Time	Received By:	Date/Time
Relinquished By:	Date/Time	Received By:	Date/Time
Relinquished By:	Date/Time	Received By:	Date/Time
Relinquished By:	Date/Time	Received By:	Date/Time

Original with Sample

Copy to Sample Control

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